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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO. 265

1. PLACE OF DEATH		COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>	
TOWNSHIP <u>Phoenix</u>		OR VILLAGE <u>Good Samaritan Hospital</u>	
CITY <u>Phoenix</u>		NO. <u>132</u> ST. <u>7</u> WARD <u>132</u>	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. <u>7</u> MOS. <u>7</u> DS. <u>7</u>	
2. FULL NAME <u>Clyde Robinson</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>7</u> MOS. <u>7</u> DS. <u>7</u>	
(A) RESIDENCE: NO. <u>Route 8, Box 467</u>		ST. <u>132</u> WARD <u>132</u>	
(USUAL PLACE OF ABODE)		NON-RESIDENTIVE CITY OR TOWN AND STATE	

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1921</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
<u>13</u>				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
		<u>Student</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tenn.</u>				
FATHER	13. NAME <u>Dee Robinson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tenn.</u>			
	15. MAIDEN NAME <u>Martha</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Tenn.</u>			
MOTHER	17. INFORMANT <u>the father</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Lawn</u> DATE <u>12-4-34</u>			
19. EMBALMER		LICENSE NO. <u>136</u>		
FUNERAL DIRECTOR		SIGNATURE <u>A. L. Moore & Sons</u>		
ADDRESS		<u>Phoenix, Arizona</u>		
20. FILED <u>12-7-34</u> <u>O. W. Hooley</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1934</u>	
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov 29, 1934</u> TO <u>Nov 30, 1934</u>	
I LAST SAW HIM ALIVE ON <u>Nov 29, 1934</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>8</u> M.	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:	
<u>Measles</u>	
DATE OF ONSET <u>11-29-34</u>	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
<u>Nephritis</u>	
NAME OF OPERATION <u>Amputation</u> DATE OF <u>12-4-34</u>	
WHAT TEST CONFIRMED DIAGNOSIS? <u>Amputation</u> WAS THERE AN AUTOPSY? <u>Yes</u>	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>12-4-34</u>	
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)	
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE	
MANNER OF INJURY	
NATURE OF INJURY	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?	
IF SO, SPECIFY (SIGNED) <u>J. M. Kellogg</u> M. D.	
(ADDRESS) <u>1122 West 1st St.</u>	

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BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION